

Canadians score higher in cardiovascular outcomes versus US and rest of the world

Montreal, May 30, 2013 - According to the latest findings from the international REACH (**RE**duction of **A**therothrombosis for **C**ontinued **H**ealth) registry, symptomatic Canadians demonstrate superior outcomes when it comes to their cardiovascular health compared to the United States and other parts of the world.

The results are being presented today by Dr. Alan Bell, one of the investigators of the Sanofi-sponsored REACH registry, at the European Stroke Congress in London, England.

Compared to the US and rest of the world, Canadians have lower rates of virtually all outcomes measured. The main highlights include:

- When compared to the US, the absolute risk reduction of the primary endpoint of combined stroke, heart attack and cardiovascular death was 2.9%, or for every 34 people who receive treatment in Canada for cardiovascular disease, 1 person will be saved.⁽¹⁾
- The rate of non-fatal stroke was also significantly reduced in Canada with Canadians having 30% less chance of having a stroke compared to their counterparts in US, and 53 % less chance than people in other parts of the world.⁽²⁾
- Canadians even scored well in CV death with an absolute risk reduction of 1.6% or for every 62 people who receive treatment in Canada, 1 would survive, compared to the US.⁽³⁾
- "The Canadian outcomes results from REACH are very promising," says Dr. Alan Bell, University of Toronto. "The success rate could be attributed to many factors but mainly the application of proven risk reduction strategies, in the real world, improves health outcome and benefits."

However, the latest findings from REACH also demonstrate that certain patient gaps still exist. Twenty per cent of subjects with history of major vascular events were not taking statins and over 25% were not at target for cholesterol control. Rates were significantly worse in the comparator regions.⁽⁴⁾

"Although Canadians fared better than others in the utilization of triple therapy (ACE inhibitor, statin and anti-platelet therapy) with 56% utilization, this number, and those for blood pressure and cholesterol, could definitely be improved in the coming years with the introduction of new and improved medications and risk reduction strategies," says Dr. Bell.

About the REACH Registry

The Sanofi-sponsored REACH (**RE**duction of **A**therothrombosis for **C**ontinued **H**ealth) Registry launched in 2003, is an international longitudinal registry of 67,888 patients in 44 countries and six regions (Latin America, Asia, the Middle East, Australia, Europe and North America). Patients enrolled in the registry had a previous history of stroke, heart attack or symptomatic peripheral arterial disease or were at risk for established atherothrombotic vascular disease. The most common risk factors are smoking, high blood pressure, high cholesterol, diabetes or obesity.

The registry was designed to study all the real-life clinical and socio-economic aspects of atherothrombosis, from the initial, asymptomatic phase through the most severe phases. The registry collects information about patients' health as well as the care provided for at-risk individuals. It monitors the impact of the disease on patients and assesses the disease burden.

The current poster being presented at the European Stroke Congress in London examines all symptomatic (with a history of established coronary artery disease, stroke or peripheral arterial disease) Canadian patients at 30 months compared to patients enrolled in the United States and rest of the world.

About Sanofi

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(1) (2) (3) (4) Bell A, Hill MD, Herman RJ, Stewart JA, Steg PG, Bhatt DL. Cardiovascular Risk Profile and Outcomes of Canadian Patients Enrolled in the Reduction of Atherothrombosis for Continued Health (REACH) Registry After 30 Months of Follow-Up. Poster session presented at 22nd Annual European Stroke Conference; 2013 May 28-31; London, UK.

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